

Attachment 2

UNIVERSITY OF HAWAI'I COMMUNITY COLLEGES
Kapi'olani Community College

Name of Faculty: _____

Position Title/Rank: _____

I have been informed that in accordance with UHCCP #9.203, Faculty Five-Year Review, I am required to submit an evaluation document in Academic Year _____ . However, I intend to retire on _____, month/date/year therefore, I will be exempt from the five-year review process this year. I understand that if I do not retire on the date as indicated above, I am required to submit documents for a five-year evaluation within 30 days of that date.

Faculty Signature

Date

Department/Division Chair

Date

Vice Chancellor

Date